



BEDFORD STUYVESANT MULTI-SERVICE CENTER

1958 Fulton Street
Brooklyn, NY 11233-2508
Tel (718) 363-2750 Fax (718) 363-2753

Date: _____

REQUEST FOR SPACE APPLICATION

Organization: _____ *EIN

Address: _____ Telephone #: _____

Is Organization Not-for-Profit? ___ Yes ___ No [If yes, obtain & attach copy of the 501(c)(3) letter from IRS]

Contact Person: _____ *SSN

Address: _____

Telephone Number: _____ Alternate/Cell: _____

* EIN/SSN Mandatory requirement for Vendex check

Note: For all events, a \$50.00 downpayment is required within 48 hours of HRA/OLUR & MSC's approval.
Type of Activity: _____ Approx. # of Attendees: _____
Activity description: _____
Ticket/Admission Price: \$ _____ Free Admissions: _____
There will be: Dancing _____ Music _____ Food _____ Beverages _____

Note: Political activities and consumption of alcoholic beverages are not permitted anywhere within the Multi-Service Center premises. Licensee agrees to take good care of the Space and to maintain the Space in as good order and condition as it was prior to Licensee's use. \$200.00 refundable security deposit is required. Licensee will be held financially liable for all damages throughout the building that exceed the security deposit. Sales of all products at an event are prohibited without prior HRA consent, and proceeds must be for the sole purpose of fundraising for a nonprofit organization. Licensee must possess and provide insurance to cover all incidents related to approved sales.

Scheduling Information:

1st Choice

Date Requested: _____
Time Requested: Set-Up _____ Activity Time _____ Clean-Up _____

2nd Choice

Date Requested: _____
Time Requested: Set-Up _____ Activity Time _____ Clean-Up _____

Location:

Large Conference Room - Room 501: _____ Auditorium: _____
Small Conference Room - Room 408: _____ Yard: _____

Special Accommodations:

Podium w Microphone: _____ Small Display Table: _____ Chairs: _____
Podium w/o Microphone: _____ Long Tables: _____

Other: _____

Note: Fee Schedule is available at the Bed-Stuy MSC Administrative Office upon request.



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LICENSOR
Bedford Stuyvesant Multi-Service Center

SPONSOR:
CAMBA, Inc.

Name: _____

Title: _____

Date: _____

Signature: _____

LICENSEE

LICENSEE:

Name: _____

Title: _____

Date: _____

Signature: _____

(MSC Sponsor) Office Use Only:

Date Received: _____ Application Processed by: _____

Space & Use Cost: _____ Maintenance: _____ Security: _____

Application Approved Date: _____ By: _____ Title: _____

Application Disapproved Date: _____ By: _____ Title: _____

Comments: _____

HRA/OLUR & MSC Use Only:

Vendex Check Date: _____ By: _____ Status: _____

Application Approved Date: _____ By: _____ Title: _____

Application Disapproved Date: _____ By: _____ Title: _____

Comments: _____